

DENR FILE #: \_\_\_\_\_

**WRITTEN CONTAMINATION INCIDENT FOLLOW-UP REPORT**

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**RETURN  
COMPLETED  
FORM  
TO**

SOUTH DAKOTA DEPARTMENT OF ENVIRONMENT AND NATURAL RESOURCES  
GROUND WATER QUALITY PROGRAM  
JOE FOSS BUILDING  
523 EAST CAPITOL AVENUE  
PIERRE SD 57501-3182

SITE NAME: \_\_\_\_\_

SPILL LOCATION: \_\_\_\_\_

LATITUDE/LONGITUDE: \_\_\_\_\_

LEGAL LOCATION (TOWNSHIP/RANGE): \_\_\_\_\_

RESPONSIBLE PARTY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ (HOME) \_\_\_\_\_ (WORK)

DATE OF SPILL OR WHEN DETECTED: \_\_\_\_\_ TIME: \_\_\_\_\_

WHAT WAS THE DURATION OF THE RELEASE? \_\_\_\_\_

SUBSTANCE(S) RELEASED: \_\_\_\_\_

QUANTITY RELEASED: \_\_\_\_\_

CHEMICAL NAME: \_\_\_\_\_ CAS #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

IS SUBSTANCE ON THE "SARA 302 LIST"? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

"CERCLA HAZARDOUS SUBSTANCE LIST"? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

"SOUTH DAKOTA REGULATED SUBSTANCE"? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

CONSULTANT: \_\_\_\_\_

IDENTIFY KNOWN HEALTH RISKS: \_\_\_\_\_

WHAT PERTINENT MEDICAL ADVICE WAS ISSUED? \_\_\_\_\_

LAND USE (RESIDENTIAL, INDUSTRIAL, RURAL, OTHER): \_\_\_\_\_

UTILITIES INVESTIGATED (WATER, SEWER, TELEPHONE, CATV, STORM WATER, OTHER): \_\_\_\_\_

**FOLLOW-UP REPORT CONTINUED**

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ENVIRONMENTAL MEDIA IMPACTED (SURFACE SOIL, SUBSURFACE SOIL > 3' BELOW GROUND, GROUND WATER, SURFACE WATER, INDOOR AIR, OUTDOOR AIR, ETC.): \_\_\_\_\_

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DISTANCE TO AND NAME OF CLOSEST SURFACE WATER OR DRAINAGE: \_\_\_\_\_

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DEPTH/DISTANCE TO AND NAME OF CLOSEST AQUIFER: \_\_\_\_\_

DEPTH/DISTANCE TO NEAREST DRINKING WATERWELL: \_\_\_\_\_

CUBIC YARDS OF SOIL EXCAVATED/TREATED: \_\_\_\_\_

WAS FREE PHASE OR POOLED PRODUCT PRESENT? \_\_\_\_\_

DIMENSIONS OF EXCAVATION: \_\_\_\_\_

CONTAMINATED MATERIALS DISPOSAL SITE: \_\_\_\_\_

DATE MATERIAL WAS DISPOSED OF: \_\_\_\_\_

IMMEDIATE CORRECTIVE ACTION TAKEN AND ADDITIONAL WORK PLANNED: \_\_\_\_\_

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FORM COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_